

POSITION	ID NO.	DATE
CLASSIFIER		EC 10-30-97
EXAMINER	<i>J. Anderson</i>	11-14-97
TYPIST	<i>Q</i>	2-5-98
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

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## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	<i>1-12-98</i>
2	<i>1-12-98</i>
3	<i>1-12-98</i>
4	<i>1-12-98</i>
5	<i>1-12-98</i>
6	<i>1-12-98</i>
7	<i>1-12-98</i>
8	<i>1-12-98</i>
9	<i>1-12-98</i>
10	<i>1-12-98</i>
11	<i>1-12-98</i>
12	<i>1-12-98</i>
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14	<i>1-12-98</i>
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## SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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